IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA *v.* MEHDI NIKPARVAR-FARD, a/k/a MEDI ARMANDI, Defendant.	Criminal Action No. 18-101-1 (GEKP)

DEFENDANT MEHDI NIKPARVAR-FARD'S RULE 16(b)(1)(iii) DISCLOSURE OF EXPERT TESTIMONY OF RUTU PATEL

Defendant Mehdi Nikparvar-Fard, under Federal Rule of Criminal Procedure 16(b)(1)(iii), provides notice that he intends to call Rutu Patel as an expert witness at trial in this action, and provides the following disclosure of her opinions, the bases and reasons for those opinions, and Ms. Patel's qualifications:

1. Ms. Patel will testify about her qualifications to provide expert testimony as to her opinions, based upon Ms. Patel's professional experience set forth in her Curriculum Vitae, a copy of which is attached as **Exhibit A**.

2. Ms. Patel reviewed materials produced by the government in this case, as well as publicly available medical literature.

3. Ms. Patel reviewed medical records and patients charts from Advanced Urgent Care (AUC), provided by defendant Nikparvar-Fard.

4. Ms. Patel will testify that, based upon her training as a Certified Professional Coder and her years of experience reviewing patient charts and categorizing the services provided in patient charts according to International Classification of Diseases 10th Revision (ICD-10) and Current Procedural Terminology (CPT), she analyzed each AUC medical chart to determine whether:

A. The patient could be classified as a chronic pain patient or urgent care patient, consistent with ICD-10 guidelines;

B. The services documented in the chart were consistent with CPT guidelines; and

C. The documented medical diagnosis for each patient was consistent with ICD-10 guidelines.

5. Ms. Patel will testify about the pattern of documented medical diagnosis at AUC based upon her review of the medical records.

6. Ms. Patel will testify about the pattern of documented medical services at AUC based upon review of the medical records.

Respectfully submitted,

By: _____ 12.20.2022
Rutu Patel

Exhibit A

Rutu Patel(CPC)

Email: rutuaxay12@gmail.com | **Mobile**: 201 682 5154

CERTIFIED PROFESSIONAL CODER

- 7+ years of excellent experience in the healthcare industry.
- Outstanding customer communication and leadership skills.
- Comprehensive understanding of compliance, safety according to HIPPA/OSHA regulations.
- Follow all regulations and guidelines set by Medicare, state programs, and HMO/PPO
- Expertise to work with hospital's quality procedures in accordance with CLIA / JACAHO and CARF regulations.
- Code and report according to ICD-10_CM and CPT guidelines.
- CMS guidelines, Home Care Coding, PDGM guidelines and billing related issues.
- HCC Risk Adjustment Coding

Software Skills - Navi Net, Optum, ECW, Practice Fusion, EHR, Dr. Chrono, Epic

Coding Denial Specialist (Remote) **Jan 2022- May 2022**
Trinity Health 3 months Contract, Columbus, Ohio

- Determine correct codes for patient records
- Accurately and efficiently code for specialty services such as oncology and radiology
- Submits clean claims for payment
- Maintain an error rate of 5% or less
- Monitor, research, and correct claim denials within health plan requirements and document any trends with which to follow-up
- Complies with Federal and State standards utilizing CCI edits, Medicare bulletins, ACR bulletins, etc. to keep abreast of the changes within the industry
- Maintains knowledge of and complies with coding guidelines
- Follow-up with multi-specialty practices on coding holds
- Find documentation in multiple EMR systems such as EPIC, ECW
- Interacts with clients to ensure accuracy
- Maintain patient confidentiality and information security
- Performs day to day billing and follow up activities within revenue operations of an assigned Patient Business Services location

Medical Collection /Debt Collector (Remote) **March 2021-Feb 2022**
Radius Global Solution(AMEX), Ramsey ,NJ

- Make outbound contacts and take inbound calls to debtors regarding delinquent account and negotiates settlement options.
- Prepare correspondence on delinquent accounts.
- Research disputed accounts balances ad make necessary corrections.
- Review collection up unit & changes accounts status based on established procedures.
- Participate in regular meetings and communities' opportunities for process improvements

Collection Specialist (CPC)/Coding Specialist **Feb 2020- Mar 2021**
Shree Hari Medical Group , Clifton, NJ

- Resolving invoice discrepancies and submitting claims to insurance companies.
- Highly proficient in analyzing Medicare Advantage and Commercial Charts to determine the risk adjustment codes to their highest level of specificity.
- Collaborate with management to ensure deadlines are met on time.
- Assure that all ICD-10-CM high risk chronic/acute conditions diagnosis are reported in accordance with CMS payment and Risk Adjustment guidelines
- Correction and re-submission of rejected or denied claims.
- Responsible for assisting with account revenue and account receivables.
- Submission of claims and follow up with carriers, use of NaviNet and other electronic claims submission portals.
- Pain Management /Orthopedic Surgeries Claims experience with No-Fault, Workers' Compensation, NY & NJ PIP claims, OON Commercial Insurance, including appeals, follow-ups, and aging reports.
- Assign diagnosis codes that Risk Adjust for Medicare Advantage along with Research and abstract diagnosis codes from medical records

Collection/Coding Specialist (CPC) **Dec 2019-Jan 2020**
Datta endoscopic Back Surgery and Pain Center, Berkeley Heights ,NJ

- Look through patients 'charts to determine which procedures and services have been performed.
- Abstracting, coding, and interpreting outpatient services for professional and or facility billing.
- Assure that all ICD-10-CM high risk chronic/acute conditions diagnosis are reported in accordance with CMS payment and Risk Adjustment guidelines
- Maintains compliance with both external regulatory and accreditation requirements, and with State and Federal regulations.

- Must sign and agree to abide by the Risk Adjustment department's standard operating procedure documents and expectations Performs other duties as assigned
- Utilizes the physician query process to obtain/validate missing information and/or discrepancies for clarification of documentation for accurate code assignment.
- Follow up with insurance companies for any denial of surgeries, anesthesia, injections, or office visits received on any given date.
- Knowledge of Medical Terminology, CPT Codes, Modifiers & ICD 10 Diagnosis Codes.
- Validate that all coding and billing entries are accurate and complete before punching them into the system.

Medical Billing and Coding ***Aug* 2017- Nov 2018**
Dr. Katy Belov, Internal Medicine Family Practice, Ridgewood, NJ

- Process ERA vouchers and check payments for multiple payers.
- Process patient payments & review ERA denial from insurance.
- Assure that all ICD-10-CM high risk chronic/acute conditions diagnosis are reported in accordance with CMS payment and Risk Adjustment guidelines
- Day to day balancing of all posted receipts and deposits.
- Research, audit, and investigate proper payment of claims and patient accounts and update patient insurance information, including memo entry for billing documentation.
- Highly proficient in analyzing Medicare Advantage and Commercial Charts to determine the risk adjustment codes to their highest level of specificity.
- Access to check patient transaction & Payment posting thru Navinet & Optum website.
- Knowledge of Medical Terminology, CPT Codes, Modifiers & ICD 10 Diagnosis Codes.
- Follow up on Insurance for EOB & Rejection Claims & Initiate appeals when necessary.

Certified Medical Assistant **Aug 2015- Jul 2017**
Bergen Primary Care Associates, Oradell, NJ

- Demonstrated proficiency in taking patients' medical histories and vital signs, as well as performing ancillary procedures such as urinalysis, EKG and spirometry.
- Drew and labeled patients' blood for testing, ordered lab tests in ECW/EMR system and prepared specimen bags for lab processing. Called lab for results when necessary
- Communicated lab results and other pertinent medical information to patients
- Educated patient on surgical/diagnostic procedures and medication
- Administered injections and medication as directed by the physician.
- Answered phones and excellent customer service & compassion for patients.
- Prior authorization & Pre certification understanding of multiple insurance participation.

- Responsible for obtaining precertification for all tests and procedures that are performed in the office.

Patient Access Representative, **Sep 2013 – Dec 2014**
Bergen Regional Medical Center, Paramus, NJ

- As a representative, I collected demographic data and insurance documents from patients as well as screening them for Charity Care.
- Resolved problems by communicating with other staff members and patients.
- Notified patients of hospital regulations and collected money when necessary.
- Discharged patients from the ER and transferred admitted patients to various units in the hospital.
- Provided empathic patient care by maintaining exceptional customer service.

EDUCATION

- Medical Assistant/Pharmacy Technician/Phlebotomy Technician Ho-Ho-Kus School of Business and Medical Sciences, Hackensack, NJ 2010
- BS (Accounting) MS University, India 2004 (90 US credits translated from World Education Services)

MEDICAL CERTIFICATION

- Certified EKG Technician, National Association for Medical Certification (NAMC) 2015
- Certified Medical Assistant, National Association for Medical Certification (NAMC) 2015. Certified Phlebotomy Technician, National Association of Certified Technicians (NACT) 2014
- Pharmacy Technician License, New Jersey State Pharmacy Board 2012
- Certified Professional Coder (CPC Thru AAPC) 2018
- Certified outpatient coder (COC in process)

MEMBER:

- Member, National Association of Certified Technicians
- American Academy of Professional Coders